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10/765,553	01/27/2004 RULE	623	3734	30487/38612A

APPLICANTS
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**** CONTINUING DATA *******
 This appln claims benefit of 60/442,842 01/27/2003
 and claims benefit of 60/459,850 04/02/2003

**** FOREIGN APPLICATIONS *******

**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY ****
 06/17/2004

Foreign Priority claimed 35 USC 119(a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Examiner's Signature <i>[Signature]</i>	<input type="checkbox"/> Met after Allowance Initials	STATE OR COUNTRY IL	SHEETS DRAWINGS 20	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 7
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TITLE
 Spiral stent assembly

FILING FEE RECEIVED 860	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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